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CONFIRMATION NO. 5555

SERIAL NUMBER 09/761,935	FILING DATE 01/17/2001 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 1766/39027 Case 1A-CIP
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APPLICANTS

David Raistrick, Peoria, IL;
 Philip Raistrick, Normal, IL;

** CONTINUING DATA *****
 This application is a CIP of 09/490,681 01/24/2000 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/02/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 84	INDEPENDENT CLAIMS 10
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Trexler, Bushnell, Giangiorgi,
 Blackstone & Marr, Ltd.
 Suite 3600
 105 West Adams Street
 Chicago , IL
 60603

TITLE

Apparatus and method for information challenged persons to determine information regarding pharmaceutical container labels

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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FILING FEE RECEIVED 1211	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	